

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

469

07199

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County... DorchesterCity or town... Rural-Robbins

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Rural-Robbins

How long in hospital or institution? - - - - -

3. (a) FULL NAME

James W. Booze

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed SINGLE

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

T. Birth date of deceased (mo., day, yr.)

Aug. 16, 1872

8. AGE:

Years
75Months
11Days
2

If less than one day

..... hrs. min.

9. Birthplace... Robbins, Dor. Co., Md.
(Town, county, and state)10. Usual occupation... Laborer

11. Industry or business

II

12. Name... George W. Booze13. Birthplace Maryland14. Maiden name Eliza Andrews15. Birthplace Maryland16. Informant Mrs. Rufus RobbinsAddress Robbins, Dor. Co., Md.

17. Burial

Date thereof July 21, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Sandy Island CemeteryLocation Robbins, Dor. Co., Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. July 20, 1948 John Mac, Jr. M.D.
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Robbins

(If outside city or town limits, write RURAL and give nearest town)

Street No. Robbins

(If rural, give LOCATION)

2.(a) If veteran, name war. - - - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19... to X 19...

and that I last saw h... alive on X 19...

Immediate cause of death

Carcinoma Liver

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

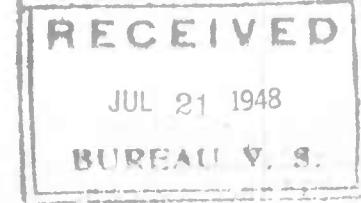
Means of injury

Injured at work?

23. SIGNATURE J. K. Shriver, D.M.D.

M. D. or other

Address Cambridge, Md. Date signed July 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

M

51c

07200

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH
County: *Baltimore*
City or town: *Secretary*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME
Robert Leon Bradshaw

4. Sex *Male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *married*

8. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) *June 28 1901*8. AGE: *47* Years *1* Months *3* Days If less than one day
hrs. *0* min. *0*9. Birthplace: *Md* (Town, County, and state)10. Usual occupation: *Officer Worker.*11. Industry or business: *Reginald Bradshaw*12. Name: *Reginald Bradshaw*13. Birthplace: *Md*14. Maiden name: *Frances Heathcote*15. Birthplace: *Md*16. Informant: *Wylie Bradshaw*Address: *Secretary*17. Burial (Burial, cremation, or removal? Which?) *Burial Cemetery* Date thereof (month) (day) (year) *Aug 3 1948*Cemetery or crematory: *Cemetery*Location: *East New Market*18. Funeral director: *F. B. Fellowship*Address: *East New Market*19. Date rec'd by registrar *Aug 4 1948* *Elizabeth C. Smith*
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: *Md* County: *Baltimore*
City or town: *Secretary*
(If outside city or town limits, write RURAL and give nearest town)

Street No. *0* (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 31st 1948*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan 8 1947* to *July 24 1948* and that I last saw him *alive* on *19*Immediate cause of death: *Metastatic cancer of liver* DURATION *1 mo*Due to: *Lympho carcinoma of testicle* DURATION *18 mo*Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations: *Lymph nodes in testicle* Date of op. *Dec 1946*Autopsy results: *not done*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of Where did injury occur? *(City or town)* *(County)* *(State)*Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE *William F. Hammond* M. D. or otherAddress: *Easton Md* Date signed *Aug 1 1948*

RECEIVED

AUG 24 1948

BUREAU F. B. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07201

83a

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Dorchester

County: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 months, 4 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 5 months, 4 days

3. (a) FULL NAME

Edward Fernandez Brady

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	widowed

6. (b) Name of husband or wife Marthie Miller

7. Birth date of deceased (mo., day, yr.) November 9, 1871

8. AGE: Years	Months	Days	If less than one day
76	7	28	hrs. min.

9. Birthplace Rock Hall, Maryland

(Town, county, and state)

10. Usual occupation waterman

11. Industry or business

12. Name Henry Brady

13. Birthplace Germany

14. Maiden name unknown

15. Birthplace unknown

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof July 9 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Rock Hall Maryland

18. Funeral director Marvin V. Williams

Address Cambridge, Maryland

July 8, 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 9 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 4, 1948, to July 8, 1948

and that I last saw him alive on July 8, 1948

Immediate cause of death

Cerebral hemorrhage

Due to

Cerebral arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

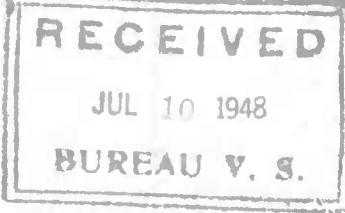
Means of injury

Injured at work?

Dr. SIGNATURE Grace M. Branscombe, M.D. or other

Address Cambridge, Maryland Date signed 7/8/48

(Date rec'd by registrar)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

Dr brown
MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 830
CERTIFICATE OF DEATH 07202
Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Col. married

6. (b) Name of husband or wife

William Chase

Sept. 18 1895 7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 50 years

8. AGE:

Years Months Days If less than one day
5 2 hrs. min.

9. Birthplace

Thompson town Dor Co (Town, County, and state)

10. Usual occupation

House Works

11. Industry or business

MOTHER FATHER

12. Name

John D. Henry

Dorchester Co

13. Birthplace

Dorchester Co

14. Maiden name

Susan Thompson

15. Birthplace

Dorchester Co

16. Informant

William Chase & Husband

Address

Vienna R.F.D. 1

17. Burial

Cemetery

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery

Location

Fork Neck rd

18. Funeral director

David J. Payne

Address

Cambridge Md

July 9, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 4 1948, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1948 to July 6 1948

and that I last saw her alive on July 6 1948

Immediate cause of death

Apoplexy Cerebral
Hypertension

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

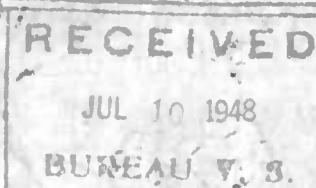
Injured at work?

23. SIGNATURE

Hugh Brown M.D.

M. D. or other

Address Cambridge Md Date signed 7/9/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

07203
Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County... Dorchester
City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 Years

Hospital, institution, or street address where death occurred:

208 Locust Street

How long in hospital or institution? - - - - -

3. (a) FULL NAME

Mary Laurina Clayton

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced
Female White Widowed6. (b) Name of husband or wife John M. Clayton
(Died Oct. 11, 1929)

6. (e) If alive, give age years

7. Birth date of deceased (mo. day, yr.) March 23, 1866

8. AGE: Years Months Days If less than one day
82 3 10 hrs. min.9. Birthplace Hoopersville, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation. - - - - -

11. Industry or business - - - - -

MOTHER FATHER 12. Name John T. Simmons
13. Birthplace Maryland14. Maiden name Meekins
15. Birthplace Maryland16. Informant Mr. Ellison Clayton
Address Cambridge, Maryland.17. Burial Date thereof July 5, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
Address Cambridge, MarylandJuly 7, 1948 John Dace, M.D.
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester

City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No... 208 Locust Street
(If rural, give LOCATION)

2. (a) If veteran, name war. - - - - -

3. (b) Social Security Number - - - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1948, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 10, 1946, to July 3, 1948
and that I last saw her alive on July 3, 1948Immediate cause of death
RIGHT CEREBRAL HEMORRHAGEDURATION
3 days.

Due to GENERALIZED ARTERIOSCLEROSIS

Due to SENILITY

Other conditions RHEUMATOID ARTHRITIS

(Include pregnancy within 3 months of death)

Major findings of operations. ~U

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ~C.

Accident, suicide, or homicide. Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Dace, M.D. July 5, 1948
Address Cambridge, Md. Date signed

RECEIVED
JUL 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

07204

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester
 County.....
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 yrs.
 Hospital, institution, or street address where death occurred: 153 Washington St.
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 153 Washington St.
 (If rural, give LOCATION) X
 2.(a) If veteran, name war..... X

3. (a) FULL NAME
 Curlett F. Ennals

3. (b) Social Security Number

4. Sex male	5. Color or race colored	6.(a) Single, married, widowed, or divorced married
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6.(b) Name of husband or wife..... Maggie Hollis

7. Birth date of deceased (mo., day, yr.) November 23, 1893
 6.(c) If alive, give age 48 years

8. AGE: Years 54	Months 8	Days 5	If less than one day hrs. min.
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9. Birthplace..... Maryland
 (Town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business..... Saw mill

12. Name..... Joseph Ennals

13. Birthplace..... Md.

14. Maiden name..... Mary Pinder

15. Birthplace..... Md.

16. Informant..... Maggie H. Ennals

Address 153 Washington St. Cambridge

17. Burial..... Burial
 (Burial, cremation, or removal. Which?) Date thereof July 31, 1948
 (month) (day) (year)

Cemetery or crematory..... Bethel Cemetery
 Location..... Bethel, Cambridge, Md.

18. Funeral director..... Lewis N. Bayne

Address..... Cambridge, Md.

19. Date rec'd by registrar..... July 31, 1948
 (Date rec'd by registrar) John Mace, Jr. M.D.
 Registrar

MEDICAL CERTIFICATION

P. 20. DATE OF DEATH..... July 28, 1948, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 X X 19..... to X X 19.....

and that I last saw h..... alive on X X 19.....

Immediate cause of death..... Cerebral Haemorrhage
 DURATION week

Due to..... X

Due to..... X

Other conditions..... X
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

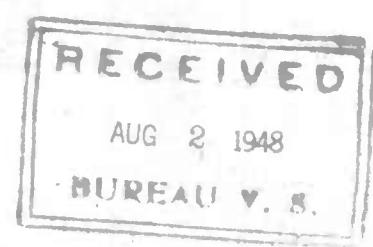
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... John K. Shriver, Dep. Med. Exam.

M. D. or other

Address..... Cambridge, Md. Date signed July 28/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

07205

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Hurlock - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yearsHospital, Institution, or street address where death occurred: near Beulah

How long in hospital or institution?

3. (a) FULL NAME

William L. Fletcher

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Willie Mae Fletcher6. (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.)

May 13, 1889

8. AGE:

Years 59Months 2Days 9

If less than one day

hrs. min.

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Day Laborer

11. Industry or business

Farm

MOTHER FATHER

12. Name Garrett Fletcher13. Birthplace Dorchester County, Maryland

MOTHER

14. Maiden name Elizabeth Green

FATHER

15. Birthplace Dorchester County, Maryland16. Informant Mrs. Ernestine JenkinsAddress Hurlock, Maryland, R.T.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 26, 1948

(month) (day) (year)

Cemetery or crematory

John's Cemetery

Locality

near Preston, Maryland

18. Funeral director

J. J. Frampton & Son

Address

Federalsburg, Maryland

19. Date rec'd by registrar

July 26, 1948Charles Hastings

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. near Beulah

(If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (b) Social Security Number

216-03-7216

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to July 22, 1948and that I last saw him alive on July 20, 1948

Immediate cause of death

General arteriosclerosisDue to Diabetes Mellitus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

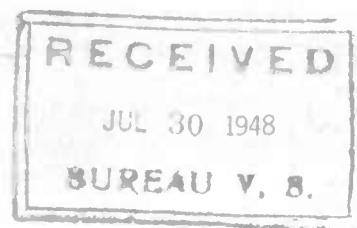
(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. J. Harrison MDAddress Hurlock Md Date 7/26/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete or illegible answers are especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

07206

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Dorchester

County

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 Years

Hospital, institution, or street address where death occurred:

115 Choptank Avenue

How long in hospital or institution? - - - - -

3. (a) FULL NAME

Charles E. Fountain

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife Annie LeCompte

(Died Jan. 1945)

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sept. 16, 1866

8. AGE:

Years
81Months
10Days
2

It less than one day

hrs. min.

9. Birthplace... Dor. Co. Maryland
(Town, county, and state)

10. Usual occupation. Retired Farmer

11. Industry or business

II

12. Name. Zebulon Fountain

13. Birthplace Maryland

14. Maiden name. Sarah Barnett

15. Birthplace Maryland

16. Informant. Mr. Hugh Fountain

Address Cambridge, Maryland

17. Burial Date thereof July 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director. LeCompte's Funeral Service

Address Cambridge, Maryland.

July 22, 1948 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 115 Choptank Avenue

(If rural, give LOCATION) - - - - -

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 18, 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 13, 1948 to July 18, 1948

and that I last saw him alive on July 18, 1948

Immediate cause of death

myocardial failure

DURATION (days)

Due to arteriosclerotic nephritis & who

Due to arteriosclerotic A.D. unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

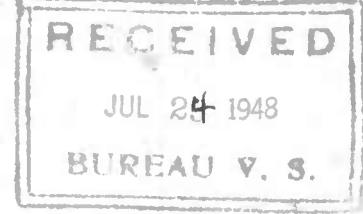
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.

John Mace, Jr. M.D. D. or other
Address Cambridge, Md. Date signed 7/27/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07207

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 116

1. PLACE OF DEATH:

County **Dorchester**City or town **Rural Cambridge**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **5 yrs. 6 mos. 4 days**

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? **5 yrs 6 mos 4 days**

3. (a) FULL NAME

CARRIE GALE4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **married**6. (b) Name of husband or wife **James D. Gale**7. Birth date of deceased (mo., day, yr.) **6/23/74** 6. (c) If alive, give age **84** years8. AGE: Years **74** Months **0** Days **24** If less than one day **0** hrs. **0** min.9. Birthplace **Baltimore, Maryland**
(Town, county, and state)10. Usual occupation **Housewife**

11. Industry or business

12. Name **First name Unknown, last name "Dahl"**
13. Birthplace **Germany**14. Maiden name **Unknown**15. Birthplace **Unknown**16. Informant **Eastern Shore State Hosp. Records**Address **Rural Cambridge Maryland**17. Burial **Burial** Date thereof **7-19-48**
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery **Eastern Shore State Hospital**Location **Cambridge MD**18. Funeral director **Kenneth R. Sloope**Address **Cambridge MD**19. Date rec'd by registrar **July 21, 1948** John Mac. J. Mac. Date signed **7/17/48**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Ken.**City or town **Chestertown**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **516 Cannon Street**

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 17th 1948** 19 **6:25 PM**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **January 13th** 19 **43** to **July 17th** 19 **48**and that I last saw h. **ex** alive on **July 17th** 19 **48**Immediate cause of death **Arteriosclerosis with cardio-vascular disease**

DURATION

15 yearDue to **Senility**Other conditions **Senile Psychosis, delirious and confused type** **6 years**

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

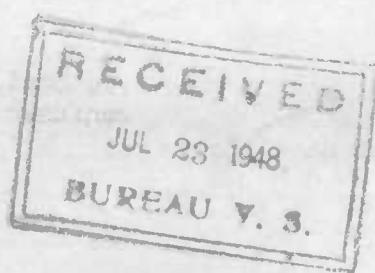
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **..** Date of **..**Where did Injury occur? **..** (City or town) **..** (County) **..** (State)Injured at home, farm, industry, public place (where?) **..**Means of Injury **..**Injured at work **..**23. SIGNATURE **John Mac. J. Mac.**

M. D. or other

Address **Cambridge MD**Date signed **7/17/48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

07208
64

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County DorchesterCity or town Rhodesdale - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred:

Brookview - Rhodesdale Road

How long in hospital or institution?

3. (a) FULL NAME

Bertie W. Henry

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

July 3, 1885

8. AGE:

Years
63Months
0Days
15

If less than one day

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name Daniel E. Henry13. Birthplace Dorchester County, Maryland14. Maiden name Rebecca Birdfield15. Birthplace Dorchester County, Maryland16. Informant Mr. Mandie H. JacobsAddress Rhodesdale, Maryland, P.T.D.

17. Burial

Date thereof July 20, 1948
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Mc Kenzie CemeteryLocation Near Rhodesdale, Maryland18. Funeral director J. J. Frampum and SonAddress Federalsburg, Maryland19. July 20, 1948
(Date rec'd by registrar)J. J. Frampum
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rhodesdale - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Brookview - Rhodesdale Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

June 1, 1948 to July 18, 1948
and last saw her alive on July 16, 1948

Immediate cause of death

Fracture neck of femur DURATION 2 months

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of May 22, 1948Where did injury occur near Brookview Dorchester MD StateInjured at home, farm, industry, public place (where?) HomeMeans of injury FallInjured at work? At home

23. SIGNATURE

J. J. Frampum, M.D.
Address Chapman Rd
Date sign 7/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

07209

Reg. Dist. No. 112

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Dorchester

City or town

Rhodesdale Md. R.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sylvester Johnson

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 30 1948

8. AGE:

Years

Months

Days

If less than one day

5 hrs. 30 min.

9. Birthplace

Rhodesdale Md. R.D.

(Town, county, and state)

10. Usual occupation

—

11. Industry or business

—

MOTHER FATHER

12. Name

Elmer Lee

13. Birthplace

Cordtown, Md.

14. Maiden name

Marian Johnson

15. Birthplace

Vienna, Md.

16. Informant

Marian Johnson

Address

Rhodesdale, Md. R.D.

17. Burial

Date thereof

7-31-48

(month) (day) (year)

Cemetery or crematory

On farm where family lives.

Location

Rhodesdale, Md. R.D.

18. Funeral director

Grandmother - Etta Johnson

Address

Rhodesdale, Md. R.D.

19. (Date rec'd by registrar)

August 13 1948

Elizabeth G. Gray

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rhodesdale Md. R.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

N.C. Big Mill

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 31 1948 at 1 A.M.

21. I CERTIFY that death occurred on the date above stated: that deceased from

19. to 19.

and that I last saw h. alive on

19.

Immediate cause of death

Prematurity

(7 mos.)

Due to

Due to

Other conditions

Delivered by midwife -

(Include pregnancy within 3 months of death)
not seen by physician before death.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

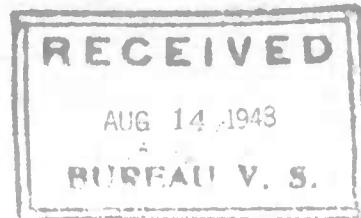
Injured at work?

23. SIGNATURE

Walter B. Johnson M.D.

Family Physician M.D. or other

Address: 1000 1st St. N.E. Date signed 8-11-48



RECEIVED

AUG 18 1948

BUREAU F. B. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07211

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 days

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 23 days

3. (a) FULL NAME

Viola Johnson Jones

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

James Jones

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

October 20, 1868

8. AGE:

Years 79

Months 9

Days 2

If less than one day hrs. min.

9. Birthplace

Chester, Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Unknown William E. Johnson

13. Birthplace

Virginia

MOTHER

14. Maiden name

Unknown Mary E. House

15. Birthplace

Annapolis Co Md

16. Informant

Eastern Shore State Hospital Records

Address

Cambridge, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 24 48

(month) (day) (year)

Cemetery or crematory

Stevensville

Location

Stevensville Maryland

18. Funeral director

T. Dalton Bros

Address

Annapolis Maryland

19. Date rec'd by registrar

July 24 1948 John Mace Jr. M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Queen Anne's County

City or town Millington

Chester

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 22

1948, 10:55 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 30

1948, to July 22, 1948

and that I last saw her alive on July 22, 1948.

Immediate cause of death

Arteriosclerotic Cardiovascular Disease

Due to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

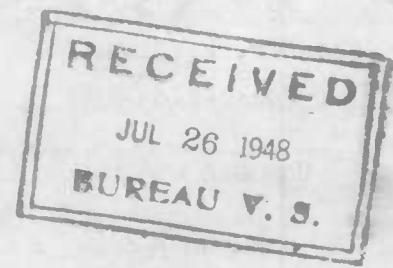
Injured at work?

23. SIGNATURE

John J. Mace Jr. M.D. in other

Address

Date signed Jan 23/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

67212

CERTIFICATE OF DEATH

116

Reg. Dist. No.

1. PLACE OF DEATH:
County. Dorchester
City or town. Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 Years
Hospital, Institution, or street address where death occurred: 415 Maryland Avenue
How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State. Maryland County. Dorchester
City or town. Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 415 Maryland Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war. -----

3. (a) FULL NAME
Augustus B. LeCompte

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed Neillie Reed Died 11/1891
(b) Name of husband or wife Liber Edgar Died 8/1902 Emma Cochran 10/1936 If alive, give age. years		
Rose McKnett " 4/1898		
7. Birth date of deceased (mo., day, yr.) March 16, 1862		

8. AGE: Years	Months	Days	If less than one day
86	4	6	hrs. min.

9. Birthplace. ?Salem, Don. Co. Md.
(Town, county, and state)

10. Usual occupation. Retired Farmer
" " "

11. Industry or business

MOTHER FATHER
12. Name. Thomas J. LeCompte
13. Birthplace. Maryland

14. Maiden name. Mary Ann Handley
15. Birthplace. Maryland

16. Informant. Mrs. R. Edward Thomas
Address Cambridge, Maryland

17. Burial Date thereof. July 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory. Dorchester Memorial Park

Location. Cambridge, Maryland

18. Funeral director. LeCompte's Funeral Service
Address Cambridge, Maryland

19. Date rec'd by registrar. July 26, 1948
(Date rec'd by registrar)

John Mace Jr.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1948 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on July 22, 1948

Immediate cause of death. Warfarin Poisoning

DURATION

240p

Due to. Cardiac, Renal, Vascular
disease

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. MD Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury. Injured at work?

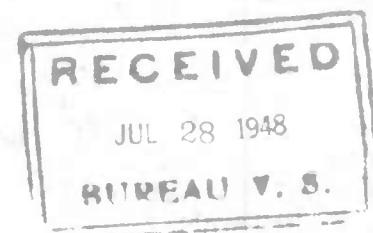
23. SIGNATURE.

M. S. LeCompte
Address Cambridge, Md

M. D. or other

7/23/1948

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

I

9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07213

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 Years

Hospital, institution, or street address where death occurred:

8 West End Avenue

How long in hospital or institution? - - - - -

3. (a) FULL NAME

John R. Maguire

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Margaret E. Leonard-1914

Gertrude E. Johnson 6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 11, 1861.

8. AGE: Years 87 Months 2 Days 4 If less than one day hrs. min.

9. Birthplace James Island, Dor. Co., Md. (Town, county, and state)

10. Usual occupation Carpenter-Retired

11. Industry or business II II

12. Name John Maguire

13. Birthplace Maryland

14. Maiden name Susan Wilson

15. Birthplace Maryland

16. Informant Mrs. Gertrude J. Maguire

Address Cambridge, Maryland.

17. Burial Date thereof July 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Christ Church Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. July 19, 1948 John Maguire, Jr. M.A. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 8 West End Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1948, at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

XX 19. to XX 19.

and that I last saw h. alive on XX 19.

Immediate cause of death

Disease of Coronary Arteries

DURATION

several months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

John R. Shriver, D.P.M. Esq.
D. SIGNATURE M. D. or other
Address Cambridge, Md. Date signed July 18/48

RECEIVED
JUL 20 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

07214
116

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution? 5 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 105 West End Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war.

3.(a) FULL NAME

William J. Mowbray

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Eva Jane Henry

6.(c) If alive, give age 64 years

7. Birth date of deceased (mo. day, yr.)

July 25, 1884

8. AGE:

Years 63

Months 11

Days 16

If less than one day hrs. min.

9. Birthplace Thompson Station, Dor. Co., Md. (Town, county, and state)

10. Usual occupation Masonry Contractor

11. Industry or business Retired

12. Name John Mowbray

13. Birthplace Maryland

14. Maiden name Annie Pattison

15. Birthplace Maryland

16. Informant Mrs. Eva H. Mowbray

Address Cambridge, Maryland

17. Burial Date thereof July 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. July 10, 1948 John Mase, Jr. M.D.
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1948 at 8: P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 2nd 1948 to July 6, 1948
and that I last saw him alive on July 6, 1948

Immediate cause of death

Hypertonic Coma x

Diabetic acidosis

Due to Arteriosclerotic Cardio-

Vascular Disease

Due to

Other conditions Diabetes mellitus

x acidosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

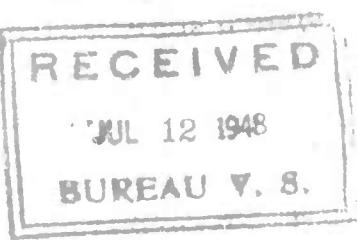
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. Whifford
M.D. or other
Address Cambridge, Md. Date signed July 6, 1948





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07215

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....

Dorchester

City or town.....

Cambridge, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

4 weeks

Hospital, institution, or street address where death occurred:

Pine St.

Now long in hospital or institution?.....

3. (a) FULL NAME

Hattie Mae Perry

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Jan 16, 1890

65 years

6. (c) If alive, give age

8. AGE:

58

Years

6

Months

8

Days

If less than one day
hrs. min.

9. Birthplace.....

Condton, Md. (Dorchester)

(Town, county, and state)

10. Usual occupation.....

Domestic

11. Industry or business

FATHER

12. Name.....

Edward Hockett

13. Birthplace

Maryland

Dorchester Co.

MOTHER

14. Maiden name.....

Mary A. Pinder

15. Birthplace

Dorchester Co.

16. Informant.....

Robert Perry

Address

Cedon St Cambridge Md.

17. Burial!

Date thereof July 29, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Location

Bethel Cemetery Cambridge Md.

18. Funeral director.....

Lewis H. Brinkers

Address

Cambridge Md.

19. Date rec'd by registrar

July 29, 1948

(Date rec'd by registrar)

19. Registrar

John M. M.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Dorchester

City or town.....

Cambridge

Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

217

Cedon St

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

July 25, 1948 at 7:50 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 28, 1948, to July 25, 1948

and that I last saw her alive on July 25, 1948

Immediate cause of death.....

Congestive heart failure

due to: Arteriosclerosis

Heart disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work

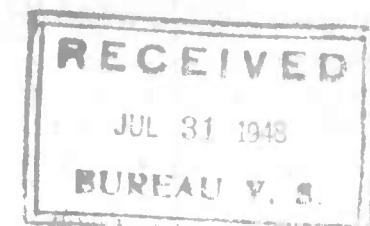
23. SIGNATURE.....

Address.....

John M. M. Cambridge Md. M. D. or other

Date signed

7-27-48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

192

07216

116

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? One Hour

Hospital, institution, or street address where death occurred:

Boat-Cambridge Yacht Club

How long in hospital or institution? - - - - -

3. (a) FULL NAME

James Byron Richardson, Jr.

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

April 9, 1935

8. AGE:

Years

Months

Days

If less than one day

13

3

4

hrs.

min.

9. Birthplace Cambridge, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation: - - - - -

11. Industry or business: - - - - -

12. Name: James B. Richardson

13. Birthplace Maryland

14. Maiden name: Generva Jones

15. Birthplace Maryland

16. Informant: Mr. James B. Richardson

Address: RFD # 3, Cambridge, Maryland

Burial

Date thereof: July 25, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory: Richardson Family Cemetery

Location: RFD # 3, Cambridge, Maryland

18. Funeral director: LeCompte's Funeral Service

Address: Cambridge, Maryland.

19. 7/28/1948
(Date rec'd by registrar)

John H. Keasey, Jr.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town: Rura-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war: - - - - -

3. (b) Social Security Number: - - - - -

MEDICAL CERTIFICATION

July 23, 1948, at 1:30 P.M.

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19... to 19...

and that I last saw h. alive on

19...

Immediate cause of death:

Lightning

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of July 23/48

Where did injury occur? Cambridge, Md. (City or town) (County) (State)

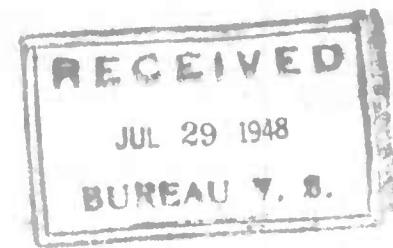
Injured at home, farm, industry, public place (where?) near Yacht Club

Means of Injury: Lightning

Injured at work? No

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Examiner M. D. or other

Address: Cambridge, Md. Date signed July 25/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07217

CERTIFICATE OF DEATH

131a
Reg. Date No. 115

1. PLACE OF DEATH:

County: Oxon HillCity or town: Holmesville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrsHospital, institution, or street address where death occurred: HomeHow long in hospital or institution? no

3. (a) FULL NAME

Eda Thomas Elizabeth Ross

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female colored widowed6. (b) Name of husband or wife: Wm Bailey Ross7. Birth date of deceased (mo., day, yr.) Sept. 11 - 18836. (c) If alive, give age 100 years8. AGE: Years 65 Months 5 Days 25 If less than one dayhrs. min. 9. Birthplace: Holmesville, Md

(Town, county, and state)

10. Usual occupation: Day nursery

11. Industry or business

Seafood12. Name: John Jones13. Birthplace: Holmesville, Md14. Maiden name: Mary Wallace15. Birthplace: Holmesville, Md16. Informant: Bernice JonesAddress: Holmesville17. Burial: Burial Date thereof: July 11 19x8

(Burial, cremation, or removal. Which?)

Cemetery or crematory: Holmesville, MdLocation: Holmesville, Md18. Funeral director: S. H. BayneumAddress: Cambridge, Md19. Date rec'd by registrar: July 8/19x8

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Oxon HillCity or town: Holmesville (If outside city or town limits, write RURAL and give nearest town)Street No.: near Brads Ave (If rural, give LOCATION)2.(a) If veteran, name war: no

3. (b) Social Security Number

212-18-6387

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6 19x8

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 6 19x8 to July 6 19x8and that I last saw him alive on July 6 19x8Immediate cause of death: Cancer Renal TumorsDURATION: 10 yrsDue to: CancerDue to: Heart FailureOther conditions: 3 weeks

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op: July 6 19x8Autopsy results: Cancer

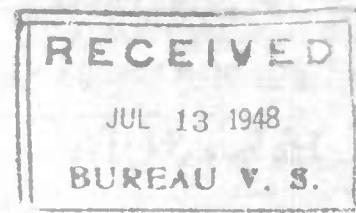
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of: July 6 19x8Where did injury occur? Holmesville (City or town) (County) Maryland (State) MDInjured at home, farm, Industry, public place (where?) NoneMeans of Injury: None Injured at work? None23. SIGNATURE: James W. Meade, M.D. M. D. or other: NoneAddress: Belvedere Ave Date signed: July 7 19x8Loc: Cambridge, Md

STATE TO STATE MAIL
MISSOURI DEPARTMENT
RECEIVED

REGULAR MAIL





9-45-154

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07218

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... 3 months, 1 day.

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution?... 3 months, 1 day.

3. (a) FULL NAME

Annie Otella Smith

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

female

white

widowed

6.(b) Name of husband or wife..... Hyland Pennington Smith

7. Birth date of

deceased (mo., day, yr.)

1867

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

81

hrs.

min.

9. Birthplace..... Kent County, Maryland

(Town, county, and state)

10. Usual occupation..... housewife

11. Industry or business

FATHER 12. Name..... Benjamin Solloway

13. Birthplace..... Kent County, Md.

MOTHER 14. Maiden name..... Emily England

15. Birthplace..... Kent County, Md.

16. Informant..... Eastern Shore State Hospital Records

Address..... Cambridge, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... July 4, 1948

(month) (day) (year)

Cemetery or crematory..... Chesapeake

Location..... Chesapeake, Maryland

18. Funeral director..... Morris V. Williams

Address..... Chesapeake, Md.

19. July 1, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent

City or town..... Millington

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 1, 1948, at 5 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31, 1948, to July 1, 1948.

and that I last saw h.c.r. alive on July 1, 1948.

Immediate cause of death.....

Bronchopneumonia

DURATION

3 days

Due to.....

Due to..... Senile Psychosis

Other conditions..... Arteriosclerotic cardiovascular disease.

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

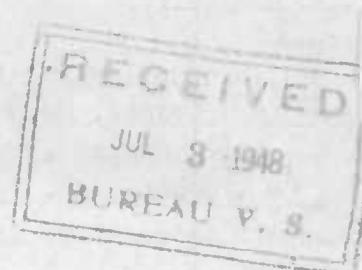
Means of injury.....

Injured at work?.....

23. SIGNATURE.....

Grace M. Branscombe, M.D. M. D. or other

Address..... Cambridge, Maryland Date signed..... 7/1/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

CERTIFICATE OF DEATH

07219 111
Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Mollie Ann Smith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

8. (c) If alive, give age..... years

Jan 27 1865

8. AGE:

Years

Months

Days

If less than one day

83 5 26

hrs.

min.

9. Birthplace.....

(Town, county, and state)

Md

10. Usual occupation.....

House work

11. Industry or business

MOTHER

FATHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. (Burdial, cremation, or removal) Which?

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar).....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 23 1948 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945

and that I last saw her alive on July 22, 1948, to July 22, 1948.

Immediate cause of death

Intestinal

hemorrhage

1 day

Probably colonic Cancer

cancerous right breast

1 year

DURATION

Due to

High blood pressure

Many years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

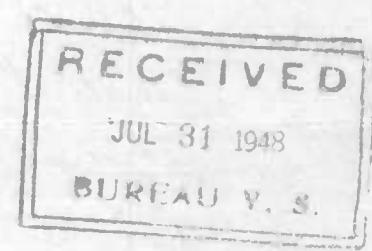
Means of injury..... Injured at work?.....

23. SIGNATURE

M. D. or other

Address..... Date signed.....

Md



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

072211

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? - - - -

Hospital, Institution, or street address where death occurred:

Willis Street

How long in hospital or institution? - - - -

3. (a) FULL NAME

Millard A. Stephens

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Mary Kennedy

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

Feb. 19, 1894

8. AGE:

Years
54Months
5Days
1If less than one day
hrs. min.9. Birthplace RFD # 2, Cambridge, Maryland
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name Henry G. Stephens

13. Birthplace Maryland

14. Maiden name Lillie E. Slacum

15. Birthplace Maryland

16. Informant Mr. Harry E. Stephens

Address Cambridge, Maryland

17. Burial Date thereof July 22, 1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland

18. Funeral director LE Compte's Funeral Service

Address Cambridge, Maryland

19. Date rec'd by registrar 7/25 1948 John M. J. M. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Willis Street

(If rural, give LOCATION)

World War I

2.(a) If veteran, name war

3. (b) Social Security Number

220-10-6733

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1948 at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 20 1948 to July 20 1948

and that I last saw deceased alive on July 20 1948

Immediate cause of death

Acute Coronary
Thrombosis

DURATION

2 hours

Due to

Due to

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

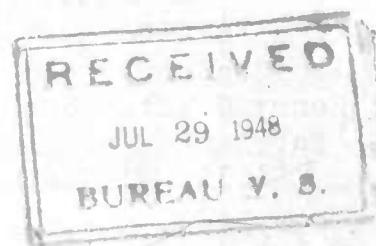
Means of injury

Injured at work?

33. SIGNATURE

M. D. or other

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

072216

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester

City or town Rural Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1yr. 2mos. 23days.

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

1yr. 2mos. 23days.

How long in hospital or institution?

3. (a) FULL NAME

IDA Suran

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widow

6.(b) Name of husband or wife James A. Suran

7. Birth date of deceased (mo. day, yr.)

(Unknown)

6.(c) If alive, give age years

MAY 30, 1856

8. AGE: Years

Months

Days

If less than one day

92

2

1

hrs.

min.

9. Birthplace Dorchester County Maryland

10. Usual occupation Housewife

Nne

11. Industry or business

August Tall

12. Name

Unknown

13. Birthplace

Susan Smith

14. Maiden name

Unknown

15. Birthplace

Records of Eastern Shore State Hosp.

16. Informant

Baltimore Cemetery

Address Rural Cambridge

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 2, 1948
(month) (day) (year)

Cemetery or crematory

Location Baltimore Cemetery

Location Baltimore, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. July 31, 1948 John Mace, M.D.
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 238 Race Street

(If rural, give LOCATION)

2.(a) If veteran, name war nil

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st

19 48 21 8 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 7th 1947

er July 31st 1948

19 48

and that I last saw h. alive on

Immediate cause of death

Myocardial failure with
cardio-vasular disease

Due to Artiosclerosis

DURATION

10yrs

15yrs

Due to Senility and debilitation

10yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

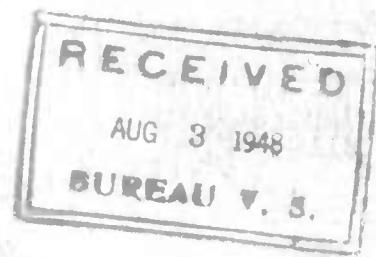
Means of injury

Injured at work?

23. SIGNATURE

Robert Bertrand May, M.D.
M. D. of Other
Address Cambridge, Maryland Date signed 7-31-48

1948-7-23
92-2-1
1948-7-29



RECEIVED
AUG 4 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

07223

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....

Dorchester

City or town.....

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years

Hospital, Institution, or street address where death occurred:

Cambridge Md. Hospital

How long in hospital or institution? 1 day

3. (a) FULL NAME

Vigie May Wheatley

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Married

6. (b) Name of husband or wife

T. James Wheatley

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

56

years

Dec 22-1894

8. AGE:

Years

Months

Days

If less than one day

53

6

24

hrs.

min.

9. Birthplace

(Town, county, and state)

Dorchester Co.

10. Usual occupation

Seamstress, Shirt Factory

11. Industry or business

James A. Seward

MOTHER

FATHER

12. Name

Dor Co

13. Birthplace

Maure Seward

14. Maiden name

Dor Co

15. Birthplace

T. James Wheatley

16. Informant

Cambridge, Md.

Address

17. Burial

Dorchester Deceased Park

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Dorchester Deceased Park

Location

Cambridge, Md.

18. Funeral director

Berneith R. Shouers

Address

Cambridge, Md.

19. Date rec'd by registrar

July 19, 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Dorchester

City or town 108 Academy St

(If outside city or town limits, write RURAL and give nearest town)

Street No. Cambridge, Md.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

220-01-7936

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 17 1948 at 48-6-9

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 16 1948 to July 17 1948

and that I last saw her alive on July 16 1948

Immediate cause of death

Diabetic acidosis

with coma

Due to Diabetic mellitus

not controlled

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, Industry, public place (where?)

Means of injury

Injured at work?

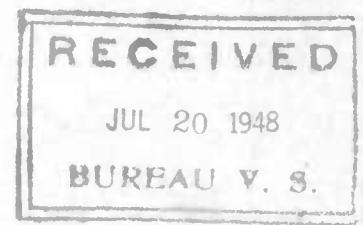
23. SIGNATURE

Eldridge H. Defford

M. D. or other

Address

Cambridge, Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Bla

07224
1964

CERTIFICATE OF DEATH

Reg. Dist. No. 1964

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Salem

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

Rural-Salem

How long in hospital or institution? - - - - -

3. (a) FULL NAME

James Hamilton Willey

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Lucy McGrath (Died 1900)

Edith Layton

6. (c) If alive, give age 75 years

7. Birth date of deceased (mo. day. yr.) Nov. 23, 1870

8. AGE: Years 77 Months 7 Days 25 If less than one day hrs. min.

9. Birthplace Seward, Dor. Co., Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

II

12. Name James Willey

13. Birthplace Maryland

14. Maiden name Dorothy (Willey)

15. Birthplace Maryland

16. Informant Mrs. James Willey

Address Salem, Dor. Co., Maryland.

17. Burial Date thereof July 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. July 22, 1948 John Mase, Jr. M.D.
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Salem

(If outside city or town limits, write RURAL and give nearest town)

Street No. Salem

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948 at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 16, 1947, to July 18, 1948

and that I last saw him alive on July 18, 1948

Immediate cause of death

Myocardial Failure

Cerebral Hemorrhage

Due to Arteriosclerotic Nephritis

Due to Arteriosclerotic Heart Disease

Other conditions Left partial hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

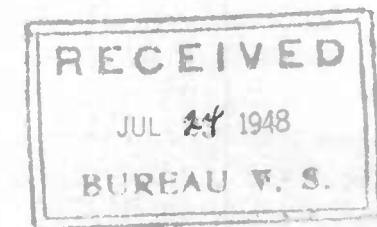
Injured at work?

23. SIGNATURE Lawrence Maryanov, M.D.

M.D. or other

Address 136 Race Street, Cambridge, Md. 7-20-48

Date signed



Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

136

07225

Reg. Dist. No. 116

ARM No. G 116 JUL 26 1948 CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County... Dorchester

City or town... Cambridge R.F.D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 Years

Hospital, Institution, or street address where death occurred:

R.F.D. #1 Cambridge, Md.

How long in hospital or institution?

3. (a) FULL NAME

Ada Wilson

4. Sex

5. Color or race

9. (a) Single, married, widowed, or divorced

F.

Negro

Married

6. (b) Name of husband or wife... Ernest Wilson

6. (c) If alive, give age 20 years

7. Birth date of
deceased (mo. day, yr.)

Nov. 22, 1925 1924

8. AGE:

Years
23

Months
8

Days
6

If less than one day

hrs. min.

9. Birthplace... Church Creek, Dorchester, Md.

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

none

FATHER

12. Name... James E. Banks

MOTHER

13. Birthplace... Church Creek

14. Maiden name... Rita Brannock

15. Birthplace... Church Creek

16. Informant

James E. Banks

Address

R.F.D. #1 Cambridge, Md.

17. Beckwith Neck

Date thereof... July 18, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Beckwith Neck

Location

Beckwith Neck

18. Funeral director

Lewis H. Bayneum

Address

Cambridge, Maryland

July 19, 1948

(Date rec'd by registrar)

John Mac. J. M.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Dorchester

City or town... R.F.D. No. 1 Cambridge, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No... R.F.D. #1 Cambridge

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 16 1948 at 2: Am M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
July 10 1948 to July 15 1948

and that I last saw her alive on July 10 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

3. SIGNATURE

Edwin Fausto M. D. or other

Address... Cambridge, Md. Date signed 7-17-48

RECEIVED

JUL 20 1945

BUREAU

RECEIVED

JUL 20 1948

BUREAU V. S.